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TOPOGRAPHY AND DISEASES OF BATES COUNTY, MISSOURI.

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[Communicated for the Boston Medical and Surgical Journal.]

BATES County is bounded on the north by Cass County and South Grand River; on the east by the counties of Henry and St. Clair; on the south by Vernon County and Osage River; on the West by Kansas Territory; containing an area of 840 square miles. The main tributaries of the Osage River, from the Bates County side, are the Marais des Cygnes River and Panther Creek. The tributaries of the former, which rises in Kansas Territory, running across the south-west corner of the County, are—Walnut Creek, Mulberry Creek, Miami Mound Creek, and Double Branches. Along these streams are large bodies of timber, extensive prairie bottoms, interspersed with numerous lakes and bayous. The Marais des Cygnes almost annually overflows, which overflow is called by the settlers "the June rise," the waters coming from the western mountains. These prairie bottoms are inundated for weeks, and even months, frequently four and five miles from the main channel. When this water subsides, the lakes and ponds are left full, and become stagnant in the summer season. On the north is South Grand River, the tributaries of which are Mormon Fork, Cedar Fork, Elk Fork; and on the east, Deepwater Creek. Bordering on these, also, are timber, bottom prairie, lakes, bayous, &c., which are inundated annually, to some extent, leaving ponds of water which become stagnated.

Between these rivers and creeks is a vast expanse of high prairie, of a lime and sand-stone character, admirably adapted to agricultural pursuits. There is annually a spontaneous growth of vegetation unequalled anywhere, a portion only of which is burned off every year. The County abounds with bituminous coal *ad infinitum*. Springs are numerous; water can be had on the highest points at a depth of from ten to twenty feet, and is generally of a sulphuretted character. The inhabitants mostly supply themselves with water from the creeks and lakes. This water is often quite impure, being stagnant and impregnated with animal as well as vegetable matter, in a state of decomposition. The winds in the winter and spring are high and constant. The weather is commonly very changeable, being warm and comfortable one day, and the next

cold and blustering; the temperature in common ranging from 40° to 100° Fahrenheit in summer, and from 60° above to 10° below zero, Fahrenheit. Owing to the newness of the settlements, the inhabitants generally live in houses which are insufficient to protect them from exposure. Many of them have settled in, and near, the low lands.

Intermittent fever is a common disease in Bates, which is decidedly a malarious region. It commences in the spring and continues through the season till cold weather sets in; however, it is most severe in the summer and fall months. It shows a tendency to conform to, or rather run into, those diseases which prevail at the same time; hence, we seldom have uncomplicated intermittents. In 1850, and the three succeeding years, it prevailed to a considerable extent, but was confined to the vicinity of the swamps and low lands. The tertian was the most common type. In 1854 there was but little of the disease, and that of a very mild and manageable character. This and the preceding year were dry, and there was not an over quantity of vegetation. In 1855 it prevailed to a greater extent, and with more severity than common, commencing about the first of June, and continuing till November, with no respect of person or locality, attacking the infant, the aged, and middle-aged, upon the high as well as the low lands. I have known infants ten days old to have it, with distinct and well-marked paroxysms and remissions. It was accompanied by a bilious state of the system; in fact it was hard to discriminate between it and bilious remittent fever.

The type was mostly double tertian. I have seen many persons who had two distinct chills every twenty-four hours, with remissions morning and evening. These *quadruple tertians*, if not checked in three or four days, frequently terminate in congestive chills. The intermittents this year, if let run on from ten days to three weeks, generally terminate in bilious remittent and typhoid fever; and in consequence of this, the inhabitants generally consider it as the precursor of a protracted spell of sickness. Whole families were often prostrated with it at the same time, and having regarded it in other portions of the country as worthy of but little notice, let it run on till it assumed a low typhoid form, lasting for weeks. The mode of access is generally slow and stealthy; the patient feeling rather ill, but not able to tell what is the matter for several days previous to the appearance of the first paroxysm. The paroxysms are generally severe, the morning ones usually the most so. The liver seems to be the seat of the disease. I have not seen a single case where this organ was not more or less disordered. The spleen is generally softened and enlarged. Prostration is a prominent symptom, attended with more or less cough. I have been called to cases of supposed dysentery, which proved to be nothing but intermittent fever. I treated them for dysentery, but failed. Upon inquiry I found that the patients had distinct paroxysms every morning. I treated them for intermittent fever, the dysentery succumbed, and the patients convalesced.

Bilious Remittent Fever.—This form of fever prevails to considerable extent in the spring, summer and fall; attacking mostly adults, and more males than females. It yields readily to proper treatment; but, a few days after convalescence has been established, shows a liability to run into the intermittent form. The disease is commonly quite manageable, except in the winter, when it is more prolonged, the remissions more obscure, and the symptoms of the typhoid state more developed.

Congestive Fever is not as common as some other forms of fever, though in some seasons it is quite prevalent and fatal. The onset is like that of intermittent and remittent fever, in the course of forty-eight hours assuming the congestive form, and proving fatal in a few days, if not checked by timely and well-directed treatment. In 1853 it was mostly confined to children, generally proving fatal from the fact that parents thought nothing to be the matter but ague, till the congestion had progressed so far as to be beyond the reach of medicine. The chill, after congestion takes place, is severe and frequently from twelve to twenty hours in duration. The patient, if young, seldom lasts through the first exacerbation; but if older, frequently survives the second, the third terminating in death. In this state of things the pulse becomes slow, flags and disappears; the extremities, face and trunk become successively and rapidly cold, the skin feels as cold as marble, the abdomen alone preserving a slight degree of warmth. There is no thirst; the lips are blue, the breath cold, and the voice broken. The action of the heart is slow, feeble and struggling, appreciable only by auscultation. The physiognomy is without mobility, the most absolute impassivity being stamped upon the countenance; the eyes become sunken and glassy, and are surrounded by a blue circle; and thus the patient passes from life to death in a few short moments, the event being sudden and unlooked for, by both physician and friends.

Typhoid Fever.—This is one of the most interesting diseases incident to this county. It prevails at all seasons of the year, but mostly in the fall and spring months, with considerable fatality, if not met with promptness in the onset. It is confined to no particular age or sex, all seeming equally liable to its attack. The following table will show its prevalence with reference to age, sex and fatality.

	No. of patients.	No. under 60 years.	No. under 40 years.	No. under 20 years.	No. of Males.	No. of Females.	No. of Deaths.
Dr. McNeal,	132	47	53	32	60	72	20
Dr. Stewart,	109	43	26	40	53	56	23
Dr. Requa,	61	13	19	29	50	11	25
Dr. Jones,	100	30	40	30	47	53	19
Dr. Bledso,	40	10	12	18	15	25	10
Dr. Thompson,	152	40	53	59	75	77	19
Total,	594	183	203	208	300	294	116

In 1850 it prevailed in some portions of the County to an alarming extent. In 1851 and the two following years, it prevailed to some degree, but not near so extensively as in 1850. In 1854 there were but few cases, and these were mild. In 1855 it began about the first of September, and continued till late in the winter, with more graveness and fatality than common. Perhaps I cannot better illustrate its more prominent features, than by giving the synopsis of a few cases that occurred in my practice the past year.

CASE I.—George, æt. 11, mulatto, slave, of delicate constitution, was attacked on the 6th of February, 1855, with chill, pain in the head, back and limbs. He gradually grew worse, and on the 11th I was called and found him as follows. Face full and flushed; pulse 125, resisting; skin dry and hot; lips parched; thirst urgent; bowels constipated; eyes red and watery; transient delirium; vigilance; obtuseness of hearing; weight and oppression in the chest, with slight dyspnoea; cough, with viscid sputa; tenderness and fullness of the hypochondrium; mind confused—answers questions incoherently; voice guttural. Ordered hyd. sub. mur., gr. xx.; ipecacuana, gr. xl.; pulvis opii, gr. v. M. To be divided into five powders, one to be taken every two hours; and if no dejection, in two hours after the last dose, give an ounce of castor oil. Surface to be bathed with cold water with a little salt added, till the skin becomes moderately cool.

12th, 8 o'clock, A. M.—Had four alvine discharges, quite bilious; temperature of the body a little lower, and the skin rather moist; pain in the back and limbs a little mitigated, but the head no better; has slept somewhat; not delirious this morning; other symptoms the same as on yesterday. R. Sulph. quin., gr. xx.; salicin., gr. x.; piperin., gr. x.; pulv. Doverii, gr. x. M. To be divided into ten powders, one to be given every two hours in half an ounce of infusum serpentariæ. Also, R. Syr. scill. comp., f3ii.; spts. nit. dulc., f3i. M. One drachm to be given every two hours, alternately with the tonic. Cold bath continued, and R. Hyd. sub. mur., gr. viij.; pulv. opii, gr. ij. at bedtime, and if no action, in six hours, to be worked off with oil.

13th, 6 o'clock, A. M.—Had three alvine discharges; the oil was not given last night. Delirium through the night: in other respects the same as on yesterday. Treatment continued.

6 o'clock, P. M.—Had two alvine discharges since morning; pulse small, 130; cough better; petechiæ all over the body, with five rose-colored spots, the size of a half dollar, upon the abdomen; great prostration, with a tremulous tongue, dry and dark coated. Tonics continued, with tr. ferri. chlo. gtt. x. every three hours. Syr. scill. stopped, but half a drachm of the nitre to be given every four hours.

14th, 4 o'clock, P. M.—Diarrhœa of a mucous, brownish character; bowels tender and painful; constant low delirium; sordes on the teeth; tongue dry and cracked, and tremulous; pulse small and frequent. R. Tannic acid, gr. iij., to be given after every

operation till the bowels are comparatively checked. Other treatment continued.

15th, 10 o'clock, A. M.—No diarrhoea; pulse stronger and more regular, 100; not so delirious; sleeps at intervals; skin moist and moderately cool; tongue not so dry; bowels still quite tender; treatment continued.

16th.—Improving; slept well last night; took a little corn-meal gruel this morning; treatment continued.

17th.—Improving; treatment continued.

19th.—Still improving; sat up in bed for the first time on the 28th, and appeared quite cheerful.

CASE II.—Mr. Mc—, æt. 60, good constitution and habits, was attacked on the 8th of April, 1855, with the usual symptoms of typhoid fever. Dr. Requa in attendance.

16, 11 o'clock, P. M., called in consultation. Found the patient as follows: pulse small, irregular, 130; tongue tremulous, dark coated, dry and cracked; bowels discharging a bloody mucus, and painful; low delirium; countenance haggard; considerable dyspnoea, with petechiæ and rose-colored spots on the abdomen; aphthæ in the mouth, with sordes on the teeth. Depletive and antiphlogistic measures had been resorted to, but without success. The vital powers of the system were evidently giving way, and unless a reaction is caused the patient must soon die. We agreed upon a general tonic, astringent, and stimulant course, viz., sulph. quinine, tr. ferri mur., serpentaria, tannin and wine; the flesh-brush was also freely applied. The disease succumbed in a few days.

Diarrhoea is always present; I have not seen a case that did not have more or less petechiæ, and rose-colored spots on the abdomen. The average duration of the disease is about twenty days, with a regular march. Those cases that occur in the spring and early part of the winter are mostly complicated with pneumonia. I have seen a few cases where erysipelas was present. The same individuals seldom have the disease the second time, at least so far as my observation is concerned. It occurs mostly in the vicinity of low, swampy lands; yet there are cases scattered promiscuously in the more elevated portions of the county. From 1850 to 1854 it prevailed sporadically; but in 1855 it raged in the form of an epidemic. On Double Branches, the past year, it raged immediately after a dreadful scourge of dysentery and whooping cough, proving fatal in about two cases out of five.

Butler, Mo., January, 1856.

[To be continued.]

QUINOIDINE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In your Journal of January 3d I noticed a communication from Dr. Rogers in relation to the use of quinoidine in

intermittent fever, the views of the writer and his experience with the remedy being given.

Having, a short time previous to the appearance of the above, published a paper upon the same subject in your pages, and observing the great discrepancy in opinion between Dr. R. and myself, and the different results of our experience with the quinoidine, I wish once more to refer to the matter.

In my former article the dose of quinoidine was given as *four grains*, mentioning only the *maximum* quantity; it should have been stated as from two to four grains. In ordinary cases I have been in the habit of prescribing only two grains for a dose, and have found this quantity as effectual as the same amount of sulphate of quinine.

I was incorrect in saying that the "amorphous quinine" of Liebig is obtained by *evaporation*; it is procured by *precipitation*, and is of more certain strength when thus prepared. That which I used was doubtless made in this way.

Dr. Rogers objects to giving quinoidine in pills, and apparently considers the solution as the only eligible form for its administration. The U. S. Dispensatory says, in respect to pills and of substances which admit of being made into pills, "they are well adapted for the administration of medicines which are unpleasant to the taste or smell, or *insoluble in water*, and do not require to be given in large doses. Some substances have a consistence which enables them to be made immediately into pills. Such are the softer extracts and certain gum-resins; and the addition of a little water to the former, or a few drops of spirit to the latter, will give them the requisite softness and plasticity, if previously wanting." Quinoidine readily admits of being made into pills, under the above conditions; if the surrounding temperature be sufficiently high it may be immediately made up; should this not be the case, I am accustomed to apply gentle heat, and this answers the purpose admirably. I have no experience with the solution, as the pilular form has always perfectly answered my expectations; it is, moreover, more convenient to the practitioner, much more agreeable to take, and I do not know why it is not fully as effectual. It would seem the most eligible form of administering the remedy, with a few exceptions.

The controlling power of quinine over intermittent fever and other affections for which quinine is given, seems to me indubitable so far as my own experience goes. In quite a large number of cases I have found its curative powers quite equal to those of quinine. Whenever I perceive it to be "less certain, less prompt, and quite as disagreeable, and as expensive as sulphate of quinine," I will certainly abandon its use; but while it seems to me, as it does at present, *as certain and prompt*, much more convenient and less expensive than the sulphate, I shall continue to use it.

Burksville, Ky.

W. THOMAS OWSLEY.

ATTEMPT AT SELF-CASTRATION.

[Communicated for the Boston Medical and Surgical Journal.]

At midnight on the 27th of December last, I received a message to visit, immediately, a man about 30 years of age, married, and having a wife and two children. He is a poor man. When I arrived (within half an hour from the reception of the summons), I found him lying upon the bed, in great pain, and very much distressed. Directing every one to leave the room, and being immediately obeyed, he shocked my ears with the announcement that he had been attempting to castrate himself, but before he succeeded in accomplishing his design, the pain from the rapidly developed inflammation and swelling, caused by his unscientific efforts, compelled him to desist, and to send in great alarm for medical aid, to obviate the mischief he had done. I immediately proceeded to examine the organs, and found the right side of the scrotum laid open throughout its whole length. By exploring with the finger, I found that the testicle was suspended wholly by the spermatic cord, and that it had swollen more rapidly than the integument surrounding it. I immediately determined to make an attempt at saving the testicle, and, with much difficulty, succeeded in bringing the edges of the wound together, which operation required about fifteen sutures, as the testicle, at the time, had increased to more than three times its natural size as compared with its fellow on the opposite side. I employed, immediately after, cold water dressings, and continued these throughout the whole after treatment, which occupied about ten days; two or three sutures coming out caused a little gaping, which delayed the cure. On the healing of the wounded scrotum, he was seized with severe pain in his left side, embracing the whole left portion of the chest; there were difficult breathing and cough, amounting to complete pleuritis, which condition lasted three days. The treatment was bleeding, to the extent of relieving the pain, and followed by the usual antiphlogistic means. After a few days' comparative convalescence the pain returned, from cold or some other accidental cause, and extended all the way through, from the left side, over the region of the diaphragm, to the right side. In connection with this pain there were strong evidences of derangement of the liver. Another full bleeding and mercurials, in a few days, brought established convalescence once more. This was again interrupted by a sudden inflammation in the right side, which required another bleeding, and he is at this time, after a period of five weeks, encouragingly convalescent. One thing very remarkable in these shifting inflammatory developments was, that the liver participated very largely in each. The poor victim assigned as his motive for committing this outrage upon himself, that he had heard it was a very simple operation, and would prevent him from having children!

J. A. CROUNSE.

North Blenheim, N. Y., Jan. 21, 1856.

CASE OF POISONING BY OPIUM, TREATED WITH BELLADONNA.

BY WILLIAM H. MUSSEY, M.D.

At midnight, October 29th, I visited a female, 24 years of age, who was said to have taken laudanum for the purpose of self-destruction. I found her comatose, with stertorous breathing, pulse feeble, 50 per minute. Surface cold, and pupils contracted to a mere speck. At 7, P. M., the patient had swallowed one ounce of the tincture of opium, in the presence of another person. A physician was summoned, who essayed to use the stomach pump, but so effectual was the resistance as to create the belief that no laudanum had been taken, and the doctor departed. Later, a disciple of Hahneman administered of his *arca arcanorum*, so as not to offend the delicate stomach, but on a second visit (three hours after the poison was taken) his faith in pellets languished, and becoming heroic, he ordered a strong decoction of coffee, in such quantities as to produce vomiting. The patient was kept "quiet" with cold water to the head, and her friends assured there was no danger. Two hours later, I was called, and finding the patient in the state where effort at resuscitation is usually considered useless, I determined to try the effect of belladonna, as suggested by Dr. Thomas Anderson,* and ordering extract of belladonna, eight grains in two ounces water, I commenced giving by the teaspoonful; as the fluid accumulated in the mouth, it was necessary to raise the head to cause its passage to the stomach. Each successive act of deglutition was attended with increased difficulty, till I feared to administer any more, lest the patient should strangle. Seven grains of the "extract" were thus administered. Watching closely for a half hour, I observed the rigidity of the contraction of the pupil to relax slightly, but no other sign of improvement. At 1 o'clock, by means of a tube passed into the stomach, I injected one ounce of the tincture of belladonna. At 2 o'clock the pupil had dilated to three times its former diameter; the pulse, respiration, and temperature of the skin, had improved. At 3 o'clock, the skin was warm, pulse 100 per minute, respiration easy, and the general appearance as of a quiet sleep, but as yet there was no sign of consciousness. Considering the symptoms entirely favorable to recovery, I left the patient. At 8 o'clock I called again. The patient had awakened at 6 o'clock, complained of not being able to see distinctly for a few hours, and could not stand upon her feet till evening. There was no preternatural dilatation of the pupil, dryness of the fauces, heat or redness of the skin, resulting from the belladonna (seven grains of the extract, and one ounce of the tincture), taken into the stomach.

—Cincinnati Medical Observer.

* Braithwaite's Retrospect, Part 30, p. 301.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

Nov. 12th. *Extensive Ulceration of the large Intestine—Calculi in the Gall-bladder.* The materials for the report were furnished by Dr. R. H. SALTER, who had charge of the patient during her illness. The patient was a woman 68 years of age, weighing about 175 pounds. Although generally enjoying good health, she had been subject, during twelve years, to occasional attacks of palpitation of the heart, particularly on going up stairs, but these were never very troublesome. She had also, for several years, been liable to attacks of indigestion, followed by moderate diarrhoea, which would last three or four days; these were, however, always attributable to some indulgence of her appetite for substantial food.

On the 20th of September, she went out in the evening and thought that she took cold, as on the following morning she had chills, some headache, and an uncomfortable feeling in the stomach and bowels. These symptoms continuing, on the next day she took pil. aloes et myrr., which acted upon the bowels seven or eight times, without affording any relief, and she was soon attacked with abdominal pain, followed by frequent, small discharges, containing blood and mucus, and accompanied by tormina and tenesmus. The difficulty increasing, Dr. Salter was sent for on Sept. 24th. The dejections were then numerous, loose, dark-colored, somewhat offensive, and in other respects as described above. The abdomen was soft and of natural fulness, but somewhat tender on pressure at the sides, and below the umbilicus. Some nausea on the preceding evening, but no vomiting. Anorexia. Tongue moist; thickly coated with white fur in the centre; clean at the edges, and of natural color. Pulse 66, regular, full and of good strength. She was directed to take, every four hours, a mixture composed of chalk mixture, nitrous acid, camphor-water and tincture of opium. Scarcely any relief being afforded by this, a pill composed of opium, camphor, ipecac. and soap was directed to be taken every four hours, with the first prescription, in the intervals, if necessary.

For several days the number of discharges varied from three to twelve, but, by Oct. 1st, diminished to two, and so continued, occasionally increasing to three or four. The blood, pain and tenesmus very soon disappeared, and on Oct. 8th, although four dejections were reported, the last was natural. The tenderness of the abdomen lasted but three or four days, and was followed by a tympanitic condition, which disappeared in about a fortnight. The tongue gradually became yellow, or greenish-yellow, and then dark-brown, but by Oct. 20th the coat had almost disappeared. At the commencement of the attack she passed sleepless nights, but as the abdominal symptoms diminished, sleep returned. The skin was usually warm and moist, at times covered with perspiration. The pulse, during the past fortnight, varied from 60 to 80, was sufficiently full and strong, but intermitting and irregular. Although evidently benefited by the pills, which were given less frequently than at first, they were omitted on Oct. 8th by her request, and chalk mixture, camphor-water, syrup of poppies and sulphate of morphia substituted. The improvement continued, the strength increased, and though she had no appetite, gruel, broth, beef-tea, &c., were taken and borne well. On Oct. 16th the number of dejections increasing, tinct. of catechu was substituted for the syrup of poppies.

On Oct. 21st she was so well that no visit was made, and on the 27th she ventured to omit her medicine, but had, during the night, seven thin, dark, bilious dejections, by which she was much weakened. The medicine being resumed she had but one dejection daily, reported on the 30th as natural. On that day "she sat up with almost her natural ease and comfort." Two days afterwards she again ventured to omit the medicine, and had three dejections, not remarkable in their appearance. The mixture was resumed and she continued to improve, the appetite remaining to a certain extent. Pulse 80, the intermission and irregularity noticed at the commencement still persisting.

On Nov. 4th she was so well that it was not thought necessary to visit her, but on the 5th Dr. Salter was sent for. He was informed that she had been perfectly comfortable until the evening before, when the diarrhoea returned, the dejections being quite numerous, large, and "reddish, like blood." After the second she was unable to rise in bed without assistance, and towards morning the discharges became involuntary though she was conscious of their passage. When seen she was extremely pale, the face sunken and the pulse very rapid, small, irregular and weak. It was then evident that nothing could be done to relieve her, and she died just before midnight.

Autopsy, fifteen hours after death. Very little, if any, cadaveric rigidity. Bluish discoloration of the depending parts, well marked. A layer of fat, two inches in thickness, in the *abdominal parietes*.

Lungs normal. Very slight adhesion of the apex of the right.

Heart invested by a layer of fat half an inch in thickness. Some dark, liquid blood, and a yellow fibrinous coagulum, in the *right cavities*. *Ascending aorta* somewhat dilated and its lining membrane wrinkled; beneath the latter, numerous atheromatous patches, which extended throughout the thoracic, into the abdominal, portion. Several small cretaceous plates in the *aortic valves*, which were, however, still pliant and retained water poured into the aorta. A few atheromatous spots upon the *mitral valve*, which was slightly contracted.

Liver large and fawn-colored, with vascular points. *Gall-bladder* distended by yellowish-green, viscid bile. Two round, yellowish-brown *gall-stones*, half an inch in diameter, in the cavity.

Spleen rather small; its substance normal.

Kidneys normal.

The lower edge of the great *omentum* firmly adherent to the left superior angle of the *uterus*, the appendage of the latter, on the same side, being attached to the lower part of the *descending colon*.

Contents of the *small intestine* quite thin; brownish or yellowish. Mucous membrane, at the lower end, a little roughened and reddened, but the appearances of inflammation were not strongly marked.

The *large intestine* was covered with a thick layer of fat; its contents were of a brown color and generally quite soft. Mucous membrane of the *cæcum* reddened, in points, and roughened; small portions of *fæcal matter* adhering to the surface. The ulceration here seen was very superficial, but, seven inches below, became strongly marked, the muscular coat being exposed, and, in one instance, perforated. Still lower down, the size of the ulcers increased until the middle of the tract was reached; here the mucous membrane had almost entirely disappeared from a portion six inches in length; small islands, or bands, alone remaining. The base of the large ulcer, as well as that of some of the smaller ones, was covered with a layer of dirty-

white or grayish granulation, between one and two lines in diameter. Towards the rectum the size and number of the ulcers diminished, but no part of the intestine could be considered as free from them. The mucous membrane was everywhere swollen, its edges undermined, and, although in some parts slightly reddened, generally pale. The muscular coat was thickened, but the circumference of the intestine appeared about the same as in health.

Two small *fibrous tumors*, half an inch in diameter, in the posterior wall of the uterus.

The case was thought interesting as presenting an example of very extensive ulceration of the large intestine, existing in connection with symptoms, for the most part, quite mild in their character, and yielding readily to ordinary remedies. The looseness of the bowels, it is true, immediately returned on the omission of the medicine, but there was no pain, no tenderness, no blood after the first few days; the patient improved in every respect, and a fortunate termination of the case was to be anticipated, when the sudden change took place, which immediately preceded her death.

Dr. Jackson remarked upon the great amount of ulceration with so comparatively slight symptoms. The ulcers showed none of that slate-colored aspect indicative of age. The adhesions, formed in certain parts of the abdominal cavity, might well enough have been the cause of internal strangulation.

Nov. 12th. *Death immediately after Delivery.* Dr. EZRA PALMER, Jr., gave the account of the case.

Mrs. E., 27 years of age, had been three times pregnant. Her first child was born in August, 1848, and is still living; the second child was born in January, 1851, and is also living.

On Monday, October 15th, 1855, at 1 o'clock, A. M., sudden and somewhat profuse flowing took place, unaccompanied by pain, and soon ceased. On vaginal examination, at 6 o'clock, A. M., the *os uteri* was found to be only slightly patulous, scarcely admitting the end of the finger. With some difficulty, a presentation of the head was recognized, with no placental intervention. The day was passed by the patient in bed, very comfortably, until 6 o'clock, P. M. (about seventeen hours from the former bleeding), when a second, rather abundant, hæmorrhage occurred, quite suddenly, and attended with slight pains. Throughout the next twelve hours the pains were slight and infrequent; the hæmorrhage recurring at intervals, but moderate in amount; the lips of the *os uteri* were thick, quite unyielding, and dilatation existed to about the size of a half-dollar. At 6½ o'clock in the morning of October 16th, the labor pains became violent; after one or two of which the *os uteri* dilated rapidly and fully, and a full-grown fœtus was expelled, stillborn, at 6¾ o'clock.

The placenta was immediately removed. At 8½ A. M., one hour and a half after the birth of the child, and thirty-one hours and a quarter after the first hæmorrhage, death ensued.

Dr. Palmer stated that his patient was of slight figure and constitutionally feeble. He thought that he had witnessed as free bleeding in other cases, not only without a fatal termination, but without enough resulting prostration to excite any anxiety, even. From the time of the removal of the placenta until death, the hæmorrhage was rather more than usual. The uterus, however, became relaxed only once or twice from its well-contracted state, and that only very slightly. An area of the uterine face of the placenta, about three inches in length by one inch in breadth, bounded on one

side by the origin of the membranes, presented a pale and washed appearance.

From the first of his attendance, Dr. P. remarked that the coagulation of the blood was feebler and slower than usual.

The management of the case consisted in rupturing the membranes; administering ergot, brandy, &c.; constant plugging of the vagina; the use of ice, locally, and the speedy removal of the placenta.

The flooding was supposed to arise from premature detachment of a portion of the placenta.

Thirty-three hours after death, an examination of the body was made by Drs. Palmer and Ellis, and the following account is furnished by the latter, External surface of the body very pale.

Organs all quite anæmic, but, in other respects, entirely normal.

On opening the abdomen, the uterus was found soft and flaccid, retaining the impressions made upon it by the fingers; its fundus lay about four inches above the pubis. Yielding readily to traction, it measured, after removal, ten inches in length, nine inches in breadth, the parietes being three fourths of an inch in thickness. A small amount of coagulated blood within the cavity. Inner surface, in parts, somewhat irregular, with some long shreds hanging from it. The place of insertion of the placenta not well marked, but in that portion which appeared to have been its seat, the open mouths of two large sinuses were seen. Cervix covered with dark red mucous membrane, the upper edge of which was very distinct. *Glandula nabothi* filled with a viscid secretion.

Dr. JACKSON remembered an instance in which death was almost instantaneous; there was no hæmorrhage, and no cause of death discovered on necroscopic inspection.

Dr. STRONG inquired of Dr. Palmer whether the abdomen, in this case, were much relaxed after delivery? He further remarked that often in cases where symptoms of collapse occur, *post partum*, they arise from the removal of the abdominal distension; by making pressure upon the abdomen with both hands, the pulse will rise and the patient will rally. If the hands be removed too soon, gasping, fainting and other dangerous indications will occur. After a time, a bandage tightly applied will effect all that is desirable from pressure and support.

Dr. Palmer was not aware of any unusual laxity of the abdominal walls.

[In the *London Lancet*, October 13th, 1855, a remarkable instance of sudden death during labor is reported by George Roper, Esq., M.R.C.S., L.S.A. The patient was a primipara, 38 years of age, whose health, not good before marriage, had much improved since. She was engaged in domestic duties till within two hours and a half before death. The pelvis was capacious, and the labor easy for a first one at the age the patient had reached. Presentation by the feet; the trunk and arms were delivered in about half an hour after she was placed in bed. "Just as the foetal head was distending the perinæum, and about to pass, she raised herself from the pillow and exclaimed that she should be choked." Asphyxia was immediate, and in three minutes she was dead. 'There was little time for treatment; the head and shoulders were raised, bringing the body into a semi-erect posture, and a vein in each arm was opened, but no blood could be obtained.

On *post-mortem* examination, great distension of the large veins of the chest, of the superior cava, and of the right auricle and ventricle, was ob-

served; enormous congestion of the lungs existed. Two points are particularized by the reporter of the case:—"Firstly, the gorged pulmonary circulation, including the cavities of the right heart; secondly, the attenuated and flabby muscular tissue of the right heart." Mr. Roper refers this congested condition to the altered state of the respiration during labor, and adds his explanation of the phenomena. It was remarked that the blood was everywhere thin, free from clot, and of a dark color. In Dr. Palmer's case the feeble and tardy coagulation of the blood was noticed.

The characteristics of the patients are different; one died from asphyxia, the other, seemingly, from exhaustion. Both are striking instances; perhaps death was less to be expected in Dr. P.'s patient than in the other.—*SECRETARY.*

Nov. 12th. *Dilatation of the Aorta. Death. Autopsy.* Reported by Dr. ELLIS.

The patient, a man 63 years of age, was under the care of Dr. GORDON. He was much above the ordinary stature, and his duties as a constable had obliged him to lead a very active life. He enjoyed good health until May, 1855, when he noticed that any unusual exertion, particularly ascending a flight of stairs, caused great dyspnoea and palpitation, which obliged him to sit down for a few minutes. When seen by Dr. Gordon, on Jan. 1st, he was in bed, much prostrated, and suffering from great dyspnoea, palpitation, general dropsy and obstinate constipation. The pulse was small, irregular and frequent. On percussion, there was marked flatness, over the pericardial region, where there also existed a strong "*fremissement cataire*," and a "*jarring tremor*" so great as almost to lift the head of the auscultator. The ear detected a well-marked "*bruit de raps*," heard most distinctly over the left ventricle. The ascites increasing, he was tapped, and the operation was twice repeated, a large quantity of serum being each time withdrawn. The general symptoms remained the same, until three weeks before his death, when the dyspnoea became much more urgent, and dulness was detected over the right side of the chest. Finally, a few days before the fatal termination of the case, orthopnoea supervened; he became dull and drowsy, and so continued until his death.

The *post-mortem* examination was necessarily made in great haste. The *pleural* and *peritoneal* cavities contained a large quantity of serum. *Lungs* normal, with the exception of the lower portions, which were compressed and contained no air.

Pericardium adherent over the left ventricle and large vessels. *Aorta* much dilated, measuring a foot in circumference, at the middle of the ascending portion, the dilatation commencing abruptly immediately above the valves, and terminating just above the cervical vessels. This dilated portion was every where occupied by yellow, atheromatous patches and large cretaceous plates, the sharp edges of many of the latter projecting through the lining membrane. A portion, several lines in diameter, near the heart, presented a rough, ragged appearance, as if a loss of substance had taken place. The tissues, to which the vessel was attached, externally, were, in certain spots, much thickened.

Heart normal. The *semilunar valves*, on both sides, a little thickened, but pliant. On testing those of the aorta by pouring water into that vessel before the division, they appeared to close well. A few yellow points were seen upon the otherwise healthy *mitral valve*. All of the *abdominal viscera* were bound down by old false membrane, of a dull, opaque-white color, by which the *liver* was apparently compressed, and its edges rounded.

The *spleen* and *kidneys* were quite firm and of large size, though perhaps not out of proportion to the size of the man.

Nov. 26th. *Aneurism of the Heart.* Dr. C. E. WARE presented the specimen.

The subject was a man 59 years of age, short, thick-set and fat. For two or three years he had been subject to occasional dyspnœa. Two years before his death, he had a slight paralysis of the left side, and was never afterwards wholly free from the effects of it. Dr. W. saw him first on the 8th of October. A fortnight previous he had been seized with a pain in the cardiac region, aggravated by motion, which had continued since, accompanied by slight cough and expectoration. The sounds over the heart were perfectly normal, and there had been no febrile symptoms. The tongue and pulse were natural. He was much relieved by free purging.

Oct. 9th, being quite comfortable in the morning, after some exertion he was suddenly seized with a much more violent pain just under the upper part of the sternum, accompanied by a good deal of dyspnœa; the pulse 108 in the minute and regular.

12th.—The distress under the sternum continued, preventing him from drawing a full breath. His pulse was 84, intermitting every third or fourth beat. The tongue was furred. The respiration was vesicular and clear in both lungs, posteriorly. On the 14th, the distress extended down the course of the sternum, with wandering pains in the chest, and was much aggravated on lying down, and during sleep. The pulse was 80, and very irregular. There was profuse perspiration, which continued until death.

On the 21st and 22d, he had more cough and dyspnœa, and a brownish expectoration.

On the 24th, there was a strong sub-crepitous râle at the base of both lungs, posteriorly, but more marked upon the left than the right side of the chest. There were no chills at any period of the illness.

On the 26th, there was crepitus over the whole right back, and supplementary respiration on the left, behind. Over the cardiac region there was extensive dullness on percussion, and entire absence of the cardiac sounds. Impulse moderate. Not much cough. Great dyspnœa. Pulse 108, regular. No pain. Aspect good.

28th.—Pulse 112, regular. Tongue nearly clean. Respiration more easy.

Nov. 1st.—There was crepitus again at the base of both backs.

5th.—For a day or two the dyspnœa had been diminishing, and the nights had been more comfortable; the pulse 108, and regular. Dr. W. found him sitting up and talking quite cheerfully, with a good aspect and color. In about 20 minutes after he left him, the patient fell back in his chair and died instantly.

At the *autopsy*, the *brain* was carefully examined, and no trace of any former lesion was discovered. About a pint of fluid was found in each *pleural cavity*.

The *lungs* were œdematous and not adherent. On opening the *pericardium*, there was found a large, flat clot of blood, covering nearly the whole surface of the heart. The *heart* was no where adherent to the *pericardium*. There was also a large quantity of fluid in the *pericardium*. A ragged rupture of the *left ventricle* was discovered, at about one third of the distance from the apex to the base. The *ventricle*, at the point of rupture, was about half a line in thickness. A thick, fibrous mass covered the inside of the *ventricle*, at its dilated portion, to the extent of more than two inches, firmly attached to the inside of the *ventricle*, except about an inch at the

point of rupture, where it formed a cavity communicating with the inside of the ventricle by a small orifice. The heart, this lesion excepted, was perfectly normal.

Nov. 26th. *Rupture of the Diaphragm, with Hernia and Fracture of certain Viscera.* Dr. HENRY J. BIGELOW exhibited the specimens, and read the following account of the case, which was drawn up by Mr. L. M. SARGENT, Jr., Surgical House-Pupil at the Massachusetts General Hospital.

Thomas O'Hearne, an unmarried Irish laborer, 21 years of age, was brought to the Hospital at 10 o'clock, A. M., of Saturday, Nov. 24th. Whilst walking in Summer street, about an hour previous, he saw a coal-cart which he had formerly driven, and springing upon one of the shafts, he threw a piece of coal at the horses. The animals jumped suddenly forwards, causing him to fall, and both wheels, it is supposed, passed over him. It was hardly possible to determine the exact direction in which they crossed his body, but a policeman, who saw the accident, thought that they went over the abdomen.

On his arrival at the Hospital, his face and lips were very white; the eyes were closed and their pupils fixed; the extremities were quite cold; no pulsation could be felt at the wrist, nor over the heart; insensibility was complete. Stimulants and artificial respiration were resorted to without effect, and, after one or two gasps, life was extinct.

On a superficial examination of the body, the following appearances were observed:—

A ragged laceration of the *left ear*, extending from the top to the bottom; two or three slight abrasions about the left side of the *head*, and one of larger dimensions over the upper part of the *sternum*. The right side of the *thorax* seemed much more prominent and firmer than the left; and the latter, on pressure being made over the false ribs, could be easily crowded backwards, as if either the ribs themselves had given way or the viscera below had changed their relations. The *trunk* of the body, about its middle, appeared to possess an unnatural flexibility; and this was at first referred to the spinal column, but the spinous processes were all in place, and there was no sign of fracture about the vertebrae or elsewhere. There was a contusion just over the middle of the left *crista ilii*; this was about a hand's breadth in extent, and apparently not severe.

Dissection disclosed the following lesions:—

The laceration of the left ear was found to extend irregularly through the external cartilaginous portion of the *meatus auditorius*. No fracture of the *cranium* was discovered.

On opening the body, the *intestines* were found swimming in black blood, which also nearly filled the *left pleural cavity*. Some extra-vesicular emphysema was observed along the anterior border of the lower lobe of the *right lung*. There was also much sub-pleural ecchymosis about the contiguous surfaces of the lobes of this lung. About six pints of dark blood were dipped out of the left pleural cavity. Upon its removal, and while lifting the lung, the *diaphragm* was found to be irregularly ruptured through the centre of the left tendinous leaflet. The laceration was about large enough to admit the arm, and through it the following viscera had escaped from the abdominal, into the left pleural, cavity:—the greater portion of the *stomach* (its cardiac extremity presenting well up in the thorax); nearly all the *great omentum*; a large portion of the *descending colon*; and lastly, the *spleen*, through which there was an irregular crucial fracture.

Below the *diaphragm*, the *left kidney* was found torn almost away from

its attachments, and was irregularly fractured in several places; the greater portion of the *pancreas* was torn away from its head; the liver was not broken, but, upon the upper surface of its *left lobe*, there was a small ecchymosis. The *sub-peritoneal tissue* about the stomach, spleen and left kidney was deeply ecchymosed. The *peritoneal coat* of the stomach was ruptured. The *bladder* was distended with urine and normal in appearance. No other lesions discovered.

Nov. 26th. *Milk Globules*. Dr. PARKS had had an opportunity of comparing two specimens of human milk under the microscope. An apparently healthy American mother gave up nursing her child for the double reason of an inflammation of the breast, and because the infant did not thrive upon her milk. A wet nurse, *whose milk was of the same age*, was obtained, when immediately the child began to improve, and soon became plump and hearty. After a few weeks, the mammary abscess having departed, the milk of the mother and of the nurse were examined under the microscope. No difference was perceptible in the *proportion* of milk globules in the two specimens; but the globules of the nurse's milk were some two or three times the *size* of those of the mother's. This corresponds to what some observers have stated with regard to human milk—that its nutritive properties depend as well upon the *size*, as upon the *number*, of its corpuscles.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 21, 1856.

THE JENNER MONUMENT.

WE have received from a distinguished physician of this city a circular issued in London regarding this monument, and print a portion of it below. The physician to whom we refer, himself visited the foundry last spring, while in London, and saw the model for the statute and which was then taken apart in order to be cast. He truly remarks that the profession in Massachusetts, and in New England generally, have the satisfaction of having contributed more liberally than anywhere else upon this side of the water.

"The Committee have great pleasure in announcing that the statue of Dr. Jenner was successfully cast by Mr. Robinson, of Pimlico, on the 10th January. While congratulating their supporters on this important amount of progress, the Committee regret that they are compelled to state that the execution of the statue itself has exhausted their present funds, leaving the pedestal and its basso relievos still to be provided for; but they trust that the material guarantee for ultimate success thus obtained will stimulate its members and their friends to renewed exertions. Looking to the limited number of individuals who have as yet subscribed, especially in this the native country of Jenner, the Committee are confident that there can be no difficulty in raising the funds necessary to complete in its integrity the monument of this eminent philanthropist."

We thus learn that the statue is "successfully cast," and as this must have been the main expense to be incurred, and is in itself a fact upon which all who participate in the work must especially felicitate themselves,

we take it for granted that but a very short time will elapse before the pedestal and its ornaments will be furnished. No more worthy object for contribution, of the sort, could exist, as we are sure will be universally conceded. It is to be presumed that any donation will be thankfully received. Drs. James Jackson, J. C. Warren and John Ware were appointed a committee to solicit subscriptions in 1851, and we conclude that if any one desires to add to the already handsome sum forwarded from New England, either of those gentlemen will be happy to take charge of and forward the same to the treasurer in London. This notice is intended chiefly, however, as an intimation to former subscribers of the progress of the work.

NEW YORK STATE MEDICAL SOCIETY'S ANNUAL MEETING.

THIS society assembled for its annual meeting in the Common Council Chamber, at Albany, on Tuesday, February 5th, at 10 o'clock in the forenoon. The *New York Daily Times* gives quite a lengthy account of the proceedings, from which we select the following particulars.

Professor F. H. Hamilton, of Buffalo, called the Society to order and read his Inaugural Address, in which he referred to the steady advance of medical science in New York, and to the satisfactory condition of the medical colleges of that State. After enumerating the medical journals published in New York, Dr. Hamilton observed that the distinguishing medical feature of the period is the existence of voluntary medical associations, both in the cities and in certain portions of the country. These are not connected with County or State Societies. Special reference was made to the New York Pathological Society, the New York Society of Statistical Medicine, the Medical Association of Southern New York and the Buffalo Medical Association. From these various sources 4,500 pages of medical literature emanate during the year.

Dr. Austin Flint's elaborate treatise upon Auscultation, now nearly ready for publication, was alluded to in terms which give us a high idea of its value.

Papers were read upon the following important subjects: "Rest and the Abolition of Pain in the Treatment of Disease," by Dr. Blatchford; on "Malignant Pustule and Scrofulous Gangrene," by Dr. Howard Townsend; on "Mental and Moral Influences in Medicine," by Dr. James L. Phelps; and on "Fæstination," by Dr. Goodsell. Dr. Staats reported a case of small-pox which occurred in his practice, the disease developing itself six weeks after exposure to contagion; and Dr. Fisher, of Sing Sing, read a communication relative to a case of chronic nephritis, in which the left kidney was entirely absorbed.

The assertion of Dr. Rush, that the time would come when we should not in this country, bleed, heroically, for pneumonia, was referred to by Dr. Goodrich; and Dr. Blair, of Rome, N. Y., spoke of the change in the inflammatory diseases observable in that part of the country since 1807, when he commenced practice. Cases do not occur now, as then, requiring the use of the lancet.

We may here remark, that the less frequent use of the lancet is very observable, everywhere, at the present day. Whether it be due alone to the non-occurrence of cases requiring its use, may be a question. It is often refrained from by the intervention of a wiser discrimination, and doubtless in many instances because good judgment tells us that there are more constitutions now-a-days less able to bear depletion than formerly.

On the third and last day of the session, three resolutions were offered

by Dr. Dering, bearing upon the wants of the insane in New York, and the inadequate means of meeting them. A Committee of Conference with the Legislative Committee on the same subject was appointed.

Dr. Hamilton delivered an address upon the life and character of the late Theodric Romeyn Beck, M.D.; and it was voted that members be supplied with copies of the admirable likeness of that distinguished physician, to be inserted in the volume of the Transactions of this annual meeting.

Judging from such a report of the proceedings as we have been able to obtain, this assembly must have been characterized by energy, sound doctrine and the sincerest good feeling. One paper informs us that the Society gave a grand entertainment to the members of the Legislature and others, at the Hospital.

Nothing more distinctly shows the actual progress of medical science than the spirited demonstrations of meetings of the above description. To occupy three days, at once profitably and pleasantly, while it proves that there was much of value to be communicated, is also highly serviceable in establishing and strengthening fraternal ties and social feelings.

PUNCTURE AND INJECTION OF THE PERICARDIUM.

We notice in the report of a meeting of the French Academy of Medicine, held on the 6th of November last, a most interesting case of pericarditis, treated by M. ARAN, by puncture, and the injection of iodine, being probably the only instance of the kind on record. Puncture of the pericardium, and evacuation of its contents, in cases of extensive effusion with threatening symptoms, have been proposed, and in a few cases carried into effect; but, we believe, M. Aran was the first who ventured to apply to the interior of the pericardium the treatment which has proved so effectual in dropsy of the other serous cavities, especially that of the tunica vaginalis and pleura—we mean the injection of a liquid containing iodine in solution.

The patient was a young man between 23 and 24 years of age, of a delicate constitution, but who had never had any grave disease until he was attacked with pleurisy, more than a year ago. A month after his recovery, he complained of pain in the left side, and palpitation on exertion, which symptoms were relieved on the approach of spring; but towards the middle of July he was seized with fever, and other signs of acute disease, with pain beneath the left nipple, palpitation, and dyspnœa. On his entrance into the Hospital St. Antoine, he presented all the signs of pericarditis, with abundant effusion. His feeble constitution, and the length of time which had probably elapsed since the commencement of the trouble about the heart, offered no indications for an active antiphlogistic treatment; moreover a diarrhœa had existed for a week, and there were signs of some disease in the left lung. Blood was taken by cups, two large blisters were applied to the precordial region, and mercury was administered both internally and by friction. The effusion continued to increase, and with it, the disturbance in the respiration and circulation; the pulse became feeble, irregular, unequal and extremely frequent. The dulness extended an inch and a half to the right of the sternum, and measured six inches transversely, by five vertically.

Feeling that it was impossible for the patient to survive, unless relief to these urgent symptoms were obtained, M. Aran decided to puncture the pericardium. This was done with an exploring trocar, which was thrust into the fifth intercostal space, within an inch of the extreme limit of the

dulness. About twenty-eight ounces of reddish, transparent serum flowed in jets from the canula, with marked relief to the patient. In proportion as the liquid was evacuated, the limits of the dulness on percussion were contracted, the sounds of the heart became more and more clear, and the pulse became more full, more regular and less frequent; from 120 beats in the minute, it fell to 96. An injection composed of distilled water, tincture of iodine, each thirteen drachms, and fifteen grains of iodide of potassium, was cautiously thrown into the pericardium, and a small quantity suffered to escape, after a few minutes. The wound was then closed with a graduated compress and a bandage. No unfavorable effects followed the operation, but the effusion returned, and on the 19th August, twelve days afterwards, it was thought expedient, on account of the urgency of the symptoms, to repeat the puncture. Two pints and a half of a highly albuminous, greenish fluid were obtained, with the same relief to the patient. The injection was suffered almost wholly to escape, the proportion of iodide of potassium having been increased to one drachm. A small quantity of air entered the pericardium, and gave rise to a gurgling sound, which was perceptible on auscultation for a few hours, but occasioned no inconvenience.

The effects of the second operation were even more favorable than those of the first, but the effusion again returned, and appeared to increase until the 21st. On the 22d, it remained stationary, and on the 23d it began to diminish. On the 28th, the dulness extended only to the median line within, the nipple outwardly, and the third rib superiorly. In proportion as the effusion was absorbed, the signs of tuberculous disease in the left lung manifested themselves, together with oedema of the lower extremities, the scrotum, and the walls of the abdomen and chest. These symptoms diminished under the use of flying-blisters and vapor baths, and with the exception of a slight cough at night, the patient considered himself well, his strength and appetite being excellent, and the respiration perfectly easy. The physical signs of tubercles in the lung, however, still remain.

Dr. Aran is engaged upon a work in which he proposes to examine the relative value of the different methods of puncturing the pericardium, containing all the cases which are recorded, as well as those which have fallen under his own observation.

The publication of this successful example will doubtless encourage others to adopt the same treatment in cases of hydrops pericardii where the violence of the symptoms demand immediate relief, and where the failure of other means justifies even a resort to a doubtful expedient. We see no reason why the serous membrane of the pericardium should be less favorably affected than the pleura, the tunica vaginalis or the peritoneum by this operation. In reading Dr. Aran's interesting paper, it occurred to us that the benefits of the operation would perhaps be more likely to follow if the serum were gradually drawn from the distended pericardium, than if, as in this case, the sac was completely emptied at once;—the former proceeding is more in accordance with nature's plan in the absorption of fluids. The same remark will apply to the treatment of chronic effusions into the pleura by paracentesis.

Deaths in Boston for the week ending Saturday noon, Feb. 16th, 68. Males, 34—females, 34. Accident, 1—apoplexy, 1—disease of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 2—consumption, 15—croup, 4—dropsy in the head, 3—drowned, 1—debility, 4—infantile diseases, 4—typhoid fever, 2—scarlet fever, 1—fracture of the leg, 1—disease of the heart, 1—inflammation of the lungs, 6—congestion of the lungs, 1—marasmus, 2—measles, 3—neuralgia, 2—old age, 1—pleurisy, 1—smallpox, 5—sore throat, 1—unknown, 2—whooping cough, 2.

Under 5 years, 29—between 5 and 20 years, 8—between 20 and 40 years, 16—between 40 and 60 years, 8—above 60 years, 7. Born in the United States, 51—Ireland, 16—Germany, 1.

M. Recamier.—This eminent physician has just passed the ordeal of a disinterested and impartial judgment after death, in the panegyric of M. Dubois, at the Academy of Medicine. From this eloquent composition we gather that Recamier was a man of vivid imagination, great energy, and remarkably inventive genius; but that he was led away by these very qualities to reprehensible exaggerations, both as to fanciful nosological divisions, and most hazardous therapeutical applications. As he had the most unbounded faith both in himself and the powers of the healing art, he never gave up until the patient was actually dead, and pursued incurable diseases with an obstinacy which has not always been harmless. So eccentric were his remedies, that he did not scruple to scrape the inner lining of the uterus, and, in some instances, to give cobwebs, or the juice of a putrefied placenta, &c. But it should not, on the other hand, be forgotten that we owe to him the revival of the speculum, and the treatment of cysts and abscesses of the abdominal cavity by gradual and artificial inflammatory adhesions. Recamier was, besides, a most worthy, upright, and religious man, who regularly gave to the necessitated one-tenth part of the £4,000 or £5,000 a year which his practice was worth. He lived to a great age, and died, as he had himself predicted, quite suddenly, while surrounded by numerous friends, the cause being pulmonary apoplexy. M. Recamier was one of those who are faithful to fallen dynasties, and gave up two professor's chairs when the elder branch of the Bourbons was precipitated from the throne. A similar step was lately taken, under similar circumstances, by another and not less renowned physician of the Hotel Dieu of Paris.—*London Lancet.*

Sick and Wounded Soldiers.—About one hundred men a week, states the Globe, continue to be discharged from the army on account of wounds or other disqualifying causes. The far greater number of the invalided are wounded men from the army in Crimea. The Commissioners at Chelsea Hospital hold weekly meetings instead of monthly, as heretofore; the pensions vary from two shillings to two-and-sixpence per day.—*Id.*

Female Physicians Two Hundred Years Ago.—We extract the following from a lecture on "Life in Boston Two Hundred Years Ago," delivered recently in New York, by Rev. Thomas M. Clark, D.D., Bishop of Rhode Island.

"We read in reference to a subject with which the present time is not unfamiliar:—'Ordered, that Jane Hawkins has liberty till the beginning of the third month, called May, and then the Magistrate, if she does not depart before, is to dispose of her; and in the meantime she is not to meddle in surgery or physic, drugs, plasters or oils, nor to question matters of religion except with the ministers for her own satisfaction.' If Jane Hawkins had lived in this day, she would have had much better treatment. She would probably have been made President of some Medical College or Theological Seminary."

Death from Abortion.—We notice in the New York papers the report of a coroner's inquest in the case of a young woman who died in consequence of an abortion. Suspicion rested upon Dr. Z. C. Johnson and a "female physician" named Abby L. Crocker, who, according to her testimony, "studied in Boston, but did not graduate." The patient died in her house. There was not, however, sufficient legal evidence adduced to warrant the jury in fastening the guilt upon either of them.

Cephalæmatoma in a Girl of Fifteen Years.—Dr. Spengler and certain other physicians have reported cases of cephalæmatoma in adolescents. Dr. Kuester saw a young girl in whom a tumor of the size of the palm of the adult hand was developed, without any known cause, over the entire surface of the right parietal bone. Its margin had the raised ridge characteristic of the boundaries of the sanguineous tumor of the head observed in infants. Topical applications having proved ineffectual, Dr. K. made an incision into the tumor more than an inch in length; eight or ten ounces of dirty-colored blood escaped; the pericranium was found loosened from the bone. Compression induced a rapid, and apparently an effectual cure, it being now four years since the operation.—*Allg. Medic. Centr. Zeit. et Gaz. heb., et Gaz. des Hopitaux.*